

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL Bill Foster for Congress																																
ADDRESS (number and street) P.O. Box 9104																																
CITY, STATE, and ZIP CODE Aurora IL 60598																																
2. NAME OF CANDIDATE Bill Foster		3. OFFICE SOUGHT (State and District) House IL 11																														
4. FEC IDENTIFICATION NUMBER C00435099																																
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 45%;">A. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 20%;">Name of Employer</th> <th style="width: 15%;">Date (month, day, year)</th> <th style="width: 20%;">Amount</th> </tr> <tr> <td rowspan="2" style="vertical-align: top; padding: 5px;"> Dr. Michael T. Ryan Ph.D. 318 Island Park Drive Charleston SC 29492 </td> <td style="padding: 5px;">Self Employed</td> <td rowspan="2" style="vertical-align: top; padding: 5px;">03/04/2014</td> <td rowspan="2" style="vertical-align: top; padding: 5px;">600.00</td> </tr> <tr> <td style="padding: 5px;"> Transaction ID : C20532810 Occupation Health Physicist </td> </tr> <tr> <td rowspan="2" style="vertical-align: top; padding: 5px;"> Dr. Michael T. Ryan Ph.D. 318 Island Park Drive Charleston SC 29492 </td> <td style="padding: 5px;">Self Employed</td> <td rowspan="2" style="vertical-align: top; padding: 5px;">03/04/2014</td> <td rowspan="2" style="vertical-align: top; padding: 5px;">2600.00</td> </tr> <tr> <td style="padding: 5px;"> Transaction ID : C20532811 Occupation Health Physicist </td> </tr> <tr> <td rowspan="2" style="vertical-align: top; padding: 5px;"> C. FULL NAME, MAILING ADDRESS AND ZIP CODE </td> <td style="padding: 5px;">Name of Employer</td> <td rowspan="2" style="vertical-align: top; padding: 5px;">Date (month, day, year)</td> <td rowspan="2" style="vertical-align: top; padding: 5px;">Amount</td> </tr> <tr> <td style="padding: 5px;">Occupation</td> </tr> <tr> <td rowspan="2" style="vertical-align: top; padding: 5px;"> D. FULL NAME, MAILING ADDRESS AND ZIP CODE </td> <td style="padding: 5px;">Name of Employer</td> <td rowspan="2" style="vertical-align: top; padding: 5px;">Date (month, day, year)</td> <td rowspan="2" style="vertical-align: top; padding: 5px;">Amount</td> </tr> <tr> <td style="padding: 5px;">Occupation</td> </tr> <tr> <td rowspan="2" style="vertical-align: top; padding: 5px;"> E. FULL NAME, MAILING ADDRESS AND ZIP CODE </td> <td style="padding: 5px;">Name of Employer</td> <td rowspan="2" style="vertical-align: top; padding: 5px;">Date (month, day, year)</td> <td rowspan="2" style="vertical-align: top; padding: 5px;">Amount</td> </tr> <tr> <td style="padding: 5px;">Occupation</td> </tr> </table>				A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount	Dr. Michael T. Ryan Ph.D. 318 Island Park Drive Charleston SC 29492	Self Employed	03/04/2014	600.00	Transaction ID : C20532810 Occupation Health Physicist	Dr. Michael T. Ryan Ph.D. 318 Island Park Drive Charleston SC 29492	Self Employed	03/04/2014	2600.00	Transaction ID : C20532811 Occupation Health Physicist	C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount	Occupation	D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount	Occupation	E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount	Occupation
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SIGNATURE (optional) Aesook Byon <div style="text-align: right;">[Electronically Filed]</div>		DATE 03/06/2014																														
For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																																

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FEC FORM 6

(Revised 07/2011)